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DIFFERENT EATING HABITS TINUTUAN AS LOCAL FOOD ON RURAL AREA AND URBAN AREA IN NORTH SULAWESI PROVINCE

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ABSTRACT

Culinary tinutuan commonly known to the general public with manado porridge consumed by all walks of life, ie both in urban and rural areas. Culinary tinutuan use local food to be an icon in Manado urban communities although derived from the eating habits of rural communities in Minahasa District. The purpose of this research is to know the difference of culinary eating pattern of tinutuan as local food in rural are of Pineleng Health Center and urban Puskesmas Bahu in North Sulawesi Province. Type of descriptive analytic research with cross sectional approach. The population in this study were all outpatients with 96 samples, 48 Puskesmas Pineleng and 48 Puskesmas Bahu. The results showed significant differences were found in culinary form of tinutuan between urban and rural population using t test (p = 0.007). Most urban residents favor the thick form (79.1%) while the rural population is only 62.5%. However, there was no significant difference between culinary eating times between urban and rural populations (p <0.000). Based on the research concluded that the frequency and shape of culinary culinary tinutuan there is a difference, while the time to eat culinary tinutuan in the morning and all the time is the same percentage in rural communities and urban communities. Suggestions and recommendations that can be submitted are the results of this study can be used as a reference for further research and can develop this research in different dimensions, as well as the process of learning local content. In addition, people are expected to pay more attention to the health value in eating culinary tinutuan not the value of form and time.

Keywords: differences, eating patterns, culinary tinutuan

BACKGROUND

The eating habits is related to the action to consume food and what is usually eaten every day. The purpose of eating because all humans to live need to eat. However, there are differences in eating patterns in terms of time, place, and individual although the purpose of eating is the same. Differences related to conditions of eating patterns that arise from within and outside including changes.

The eating habits that arise from the outside, the place where the human being is located. The same eating habits as one region will change when in a location affected by technological advances. For

example, urban and rural locations. Changes occur when traditional eating patterns in rural villages that contain lots of carbohydrates and fiber become modern patterns with high protein, fat, sugar and salt content but are poor in fiber when living in the city. According to Misnadiarly (2005) said that a diet high in saturated fat and sugar, low in fiber will cause problems of obesity, more nurition, and increase free radicals that can trigger the emergence of degenerative diseases.

In addition, changes in lifestyle patterns as a result of improvements in living levels and technological advances encourage changes in diet and eating habits.

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Along with the ongoing epidemiological transition in the era of globalization, making disease-related problems and lifestyle changes tend to be more complex. In other words, disease problems result from diet and eating patterns high in nutrient intake, especially energy.

On the other hand, technological advances such as easy and inexpensive transport tools, electronic devices that can be automatically used and done just by pressing the button alone cause physical activity to be greatly decreased so that every day there is excess energy that the body is stored as fat. The root of the occurrence of obesity, as well as other diseases. While obesity is at greater risk of hypertension, heart disease, diabetes, and cancer.

All walks of life in both urban and rural areas around the world are changing dietary patterns due to globalization. The incidence of market civilization not only changed the local lifestyle into a global lifestyle, but also colored the development, resilience, and the fate of various cultural products and civilizations that are labeled locally.

Tinutuan is one of the locally labeled food products of rural ethnicity in North Sulawesi Province, but also has been a habitual eating pattern in urban areas of North Sulawesi Province. Tinutuan not only from local food, but is a traditional food of nutritious ancestral heritage. The influx of unbreakable globalization in the culinary world to all the urban and rural areas of North Sulawesi province, the researchers felt the need to investigate how different culinary eating patterns of tinutuan as a local food in rural and urban areas in North Sulawesi Province.

Research purposes

To know the difference of tinutuan culinary eating habits as local food in rural community of Pineleng Health Center and urban community of Puskesmas Bahu area in North Sulawesi Province.

Literature review

According to Guthe and Mead 1945 (in Notoatmodjo, 2010), the pattern of eating habits is as the way individuals or groups of individuals choose, consume and use the available foods based on the sociocultural factors in which they live. Culinary tinutuan is one variation of nutritious food from basic ingredients mixture of green leaf vegetables, cereals and tubers so that can be eaten by all age groups including babies who have received additional food.

Tinutuan also known as manado porridge, a typical breakfast or smokol food, generally eaten with side dishes and sambal. The side dish is nike (freshwater nike / sea fish), skipjack (fufu / smoked) fried, fried / roasted fish, tofu boiled / fried, mild cotton / corn, and sambal / dabu-dabu roa or shrimp paste skipjack tuna that is preserved). Soetardjo et al (2011) says that food is anything that comes from biological resources and water, whether processed or not processed which is destined as food or drink for human consumption.

In relation to food security policy, the definition of food is grouped based on its processing, namely (1) processed food ingredients, which are needed for further processing, before being ready for consumption. Processing here is a process of converting basic materials into finished materials or semi-finished materials for a particular purpose by using a particular technique as well. Examples of processed foodstuffs are rice, sago making, wheat processing, cassava processing, corn processing, etc., and (2) unprocessed food

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ingredients that are either directly consumed or do not require further processing. This type of food is often found for groups of fruits and some vegetables. Food raw materials in general can be said to be processed further or can be directly consumed (without processed).

RESEARCH METHODS

This research is an analytic survey research using cross sectionalstudy design to see the difference of tinutuan culinary eating pattern as local food for people in rural and urban areas in North Sulawesi Province. This research will be conducted in April until August 2017 in rural area is Pineleng Health Center of Minahasa Regency and urban area is Puskesmas Bahu Manado City.

What will be the population in this study are all outpatients at the time of conducting the research in the work area of Pineleng Puskesmas and in the working area of the Manado City Health Center. Samples to be taken in this study were all outpatients over the age of five years at the time of conducting the research in Pineleng Community Health Center for rural communities and in the work area of Manado City Health Center for urban communities.

Tools and materials in this study consisted of a list of questions (questionnaires) cameras, and tape recordings. The types of data to be collected consist of primary data and secondary data. Primary data of rural and urban society

include data on respondent's characteristic, age, gender, education, also employment, as well as nutritional and nutritional knowledge as well as data on tinutuan culinary eating frequency, culinary dinner time, and tinutuan culinary forms collected by interviewing. Secondary data include data of general description of work area of Puskesmas Pineleng and Puskesmas Bahu.

Data analysis was done to answer the hypothesis of the proposed research. The determination of statistical test is based on the concept of research design. For the respondent age data, job data, education and gender data of the sample using descriptive analysis. According Riwidikdo (2008) analysis of differences in culinary eating habits tinutuan both groups using two-t test proportions. The level of significance on the degree of significance of 0.05. The t-test of two proportions in this study was conducted through the assistance of SPSS (statistical program for social science) version 16.00.

RESULTS AND DISCUSSION

1. General Characteristics And Variable Frequency Distribution

Subjects in this study were outpatients who were treated at the Puskesmas Bahu and Puskesmas Pineleng as many as 96 people with the number of sample quota each of 48 people. The number of samples taken at the time of samples visited at the study site. The condition of respondent's gender can be seen in table I below.

Table 1. Sex Subject Distribution of Research

Age (year)	PHO	C Bahu	PHC P	ineleng
	n	%	n	%
Women	28	58,3	30	62,4
Male	20	41,7	18	37,6
Total	48	100	48	100

Table I above illustrates that female gender is at most 28 people (58,3%) in Puskesmas Bahu as respondent. Similarly, at the Pineleng Health Clinic, the female gender was the most common as respondents, ie 30 people (62,5%). This distribution shows that most outpatients are female sex. The above description does not indicate that the

female sex is the most ill, but it is the women who take the role of co-workers when their parents, children, and grandchildren, or members of their family go to the puskesmas. Figher description of the age of respondents, can be seen in table 2 as follows.

Table 2. Distribution of Research Subject Age

Age (year)	PHO	C Bahu	PHC	Pineleng
13	n	%	n	%
<17 years	10	20,8	10	20,8
17-39 years	10	20,8	6	20,812,5
40-59 years	10	20,8	30	62,5
60-80 year	18	37,6	2	4,2
Total	48	100	48	100

Table 2 above shows that the age of the respondents is at most 28 people (58.3%) in the Bahu Puskesmas and at least <17 years old 10 people (20.8%) and 17-39 years 10 people (28%), 60-80 years does not exist. Similarly, at Pineleng Community Health Center the respondent's age was 30 people (62.5%) and at least 60-80 years old 2 people (4.2%). This distribution illustrates that the age of most respondents is aged 40-59 years as a street illness patient. Description of the work of respondents that most respondents retired 18 people (37.6%)

in Bahu Puskesmas and at least 2 peasants (4.2%). While in Puskesmas Pineleng, most respondents work private 12 people (25%) and at least work of TNI / Polri 2 people (4.2%) and religion figure 2 person (4.2%). This distribution illustrates that respondents' work is varied in Pineleng Community Health Center and Puskesmas Bahu. Further description of respondents' preferences for community tinutuan in urban and rural areas, can be seen in table 4 below.

Table 3. Distribution of Tinutuan Culinary Excellence Level in Urban and Rural Areas

Categories	Uı	Urban Rural		Urban Rural		Urban Rural Nur		mber
	n	%	n	%	n	%		
likes	40	83,3	44	91,7	54	56		
do not like	8	16,7	4	8,3	42	44		
Total	48	100	48	100	96	100		

In table 3 above illustrates that culinary preferences in tinutuan urban areas of the working area of most health centers in the Bahu tinutuan likes 40 people (83.3%), and do not like 8 people (16.7%). While the population most of the villages are like tinutuan 44 people (91.7%), and do not like 4 people (8.3%).

Culinary tinutuan in ancient times served only at breakfast time or smokol, so the frequency of presentation only once a day. However, now as the culinary era of infinite tinutuan is consumed only once a day. If there is still availability in the household, then culinary tinutuan will still be consumed.

Table 4. Frequency Distribution of Tinutuan Culinary Consumption in Urban and Rural Areas

Categories	Urban		Rural		Rural		Number	
	n	%	n	%	n	%		
Frequent> 7x / month	16	33,4	22	45,9	54	56		
Rarely <7x / month	32	66,6	26	54,1	42	44		
Total	48	100	48	100	96	100		

Table 4 above shows that at least frequencies are often above four times a month (> 7x / month) culinary consumption of tinutuan in urban dwellers Puskesmas Bahu 16 people (33%). While at most frequent frequencies (<7x / month) culinary consumption 32 people (66.6%). Similarly, the rural population of Puskesmas Pineleng has a higher frequency of frequent culinary consumption of 22 people (45.9%), while the frequency is rare (<7x / month) is 16 people (33.4%).

many meals a day includes breakfast, lunch, dinner and dinner interlude. According to Moehji (1992) that for the population of the world the habit of eating three times a day is a common practice, whereas according to Suhardjo (1990) eating frequency is said to be good if the frequency of eating each day three main meals or two main meals with one meal and less if the frequency of eating every day two meals or less. As the category of food for the morning, the culinary tinutuan consumed by urban and rural people in the category of less because not consumed every day. Tinutuan culinary eating time in urban areas (Puskes also Bahu) and rural (Pineleng Puskesmas) can be seen in table 5 below.

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Table 5. Distribution of Tinutuan Culinary Meal Time in Urban and Rural Areas

Variable	Categories	Urban		Rural		Number	
		n	%	n	%	n	%
Time	Breakfast	40	83,4	40	83.4	80	83.3
	all time	8	16,6	8	16,6	16	16,7
Total		48	100	48	100	96	100

Table 5 above illustrates that at least all the time in urban respondents Puskesmas Bahu 8 (16.6%). While at most the morning tinutuan culinary consumption, which is 40 people (83.4%). Similarly, the rural population of Puskesmas Pineleng is greater in the amount of time for culinary consumption of tinutuan, which is 40 people (83,4%), while at least all time is 8 (16.6%).

The diet has changed a lot over the last 40 years. The rules of eating three times a day slowly began to be abandoned many people. Similarly culinary tinutuan not bound by the time to eat, ie only the morning just as done in antiquity. However, it can be consumed at any meal or as often as possible. That is, in line with the category by the Regional Office of the Department of Health, D, I. Aceh (2002) who said that the morning habit, the habit of consuming vegetables, the habit of eating the food trendy (Fast Food), fatty

eating habits are grouped over every day, - 5x a week), rarely (1-4 / month), and never (> lx a month)

Food consumption is a diverse array of food normally consumed by a particular country or region including the amount eaten, the type of food and the time to eat. Most of the poor in rural areas consume only one meal a day. This is due to the economic condition of the community is very weak and the lack of food and fuel as the fulfillment of daily basic needs. This wrong eating habits are very influential on the nutritional adequacy required by the body. According to Susanto (1995) in Paramita (2002), one of the criteria of good eating habits is if in one day the food eaten consists of full meals consumed 2-3 times a day on a regular basis.

Furthermore, culinary form tinutuan in urban areas (Puskesmas Bahu) and rural (Pineleng Puskesmas) can be seen in table 6 below.

Table 6. Distribution of Tinutuan Culinary Form in Urban and Rural Areas

Variabel	Categories	Categories Urban		R	Rural		mber
		n	%	n	%	n	%
Form	Thickened	38	79,1	30	62,5	68	70,8
	liquid	10	20,9	18	37.5	28	29.2
	all shapes	8	16,6	8	16,6	16	16,7
Total		48	100	48	100	96	100

In table 6 above illustrates that at least all culinary forms of tinutuan on urban respondents Puskesmas Bahu 8 (16.6%). While most forms of culinary culinary tinutuan 38 people (79.1%). Similarly, the rural population of the Pineleng Community Health Center is greater than 30 people (62.5%) in the form of culinary forms of tinutuan culinary, while at least all culinary forms are 8 (16.6%).

A significant difference was found in culinary form tinutuan between urban and rural population using t test (p = 0.007; Table 10). Most urban dwellers favor a viscous form (79.1%, figure 5.1) while rural residents only 62.5%. However, there is no significant difference between the tinutuan culinary eating times between urban and rural populations. Therefore, t test results showed no significant difference between urban residents who ate breakfast and mealtimes all the time (p <0.000).

The informant feels more enjoying the tinutuan if the tinutuan is a form of presentation thick, although in the end the good taste will be a priority of pleasure after he tasted the tinutuan. In this case he will feel according to his taste or not by comparing the blend of rice, vegetables and marinade. Assessment of good criteria according to him from the angle and maturity of vegetables, rice, corn, sweet potatoes and spices as well as additional menu items such as nike curry, tofu and sambal.

Preference or choice of food will determine the amount of food consumption a person. Factors in food selection include aroma, temperature, color, and shape. The selection of food shapes and textures for children, adolescents and adults should be distinguished in order to have a pleasant impression when chewing and eating them. The influence of sensory reactions, food,

personal food preferences and approaches through mass media (such as radio, television, pamphlets and advertisements) can alter one's eating habits.

One's eating habits are determined by what it eats, so the level of potential achieved is entirely influenced by the nutrients eaten. Any eating habits and nutritional awareness have a major effect on the eating patterns and then determine their nutritional status. Karyadi and Muhilal (in Mahardikawati 2008) say that factors other than economic factors that reduce the purchasing power of employees, there are factors of ignorance and habits that hamper the pattern of food consumption of employees in terms of quality and quantity. The habit factor that often encountered is not having breakfast because it has no appetite, no time, and the appearance of dish less appetizing.

CONCLUSIONS

The following conclusions are: (1) culinary frequency of tinutuan consumed by the rural community of the Pineleng Public Health Center area is 45.9% more frequent than the urban population of the Puskesmas Bahu area in North Sulawesi Province which is only 33%, (2) the tinutuan culinary eating times consumed by the rural community of the Pineleng Public Health Center is the same as the urban population of the Bahu Puskesmas area in North Sulawesi Province, at least 16.6% at all meals, and at most tinutuan cocktail morning, 83.4% and (3) the tinutuan culinary consumed by the rural community at the Pineleng Public Health Center (62.5%) is the same as the urban population of the Bahu Puskesmas area in North Sulawesi Province is also the most viscous 79,1%. While all forms (liquid and condensed) at least consumed by rural community of Pineleng Health Center and Puskesmas Bahu, that is 16,6%.

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